

Workforce Training/Firefighter APPLICATION

Please Print or Type

Емр	LD.		 	_	
Арр	#_				

Name		First			Middle	
Social Security Number	De	te of Birth_			(Must be 18 years of age	c) Circle one: Male/Female
		Mo			☐ Alien (Pen	
Citizenship Status USA If not a US citizen, what is your V	□ Naturalized /isa Type?		n (Temporary	•	•	•
E-Mail Address [to receive grades and						
Home Phone No.	•					
Address						
City Ligh School Attended		County			State	Zip Code
High School Attended	City	Sta	ato		(If you carned a GED o	enter GED for High School.)
High School Graduation or GED Comp						
Residency Status		ong have you	been living	in Ke	entucky?	
Employer						
Date Signature						
□ Add New Firefighter □	Change Data on	Firefighter	□ Fi	irefigl	hter Deceased (Att	tach copy of death certificate)
County Name			County Num	aber_		
Fire Department #			Firefight	ter#		
Fire Department Name	.,					
Employment Date in this Department (-	/	/		_	,
Status (Circle One): Active /	Inactive					
Status Date/	_/					
Classification (Check One) Paid Part-time	Paid [□ Volunteer] IFB	в 🗆	Other
Department Title						
Authorizing Signature		, ···			Date	
				_		
Optional information will not be us	red for discrimina	tory purpose	8.			
Optional information will not be us If not a US citizen: What is your coun Predominant Ethnic Background	ntry of origin?			panic		Asian/Pacific Islander

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